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## “KNOWLEDGE OF THE APPROACH TO TENSION HEADACHE BY FIRST CONTACT PHYSICIANS AT THE REGIONAL MILITARY HOSPITAL OF SPECIALTIES IN GUADALAJARA, MEXICO”

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### ABSTRACT.

Headache is one of the most common reasons for consultation for which people go to emergency services. It is estimated that at least a third of the population between 18 and 65 years of age has suffered from a headache at some time. Therefore, when dealing with a patient with this pathology, the doctor must have the ability to differentiate between primary or secondary headache, since the latter can seriously compromise the patient's life. Likewise, it is important to identify the risk factors, the warning signs and the diagnostic tools related to the headache because they could help guide its diagnosis. It is important to keep in mind that, although headache has a multifactorial aetiology, the role that genetics and molecular biology play in its development is also relevant. Headache becomes a daily challenge for the clinician, since the outcome and quality of life of patients depend on a correct approach to this condition.

## INTRODUCTION .

Tension headache: most common subtype of primary headache.

The pain is typically bilateral, oppressive, and mild to moderate in intensity. Nausea does not occur and is not aggravated by physical activity. Sensitivity to light, noise or pericranial hypersensitivity may be associated .

Tension headache is characterized by attacks of pain that are not associated with nausea or vomiting, and that have at least two of the following characteristics: 1) Bilateral headache. 2) Non-pulsatile headache. 3) Mild to moderate intensity. 4) The headache is not made worse by activity, such as walking or climbing stairs.

Infrequent episodic tension-type headache: Infrequent episodes of headache, typically bilateral in location, with tensive or oppressive pain of mild to moderate intensity and lasting from minutes to days. This pain is not worsened by normal physical activity and is not associated with nausea, but photophobia or phonophobia may be present.

Infrequent episodic tension-type headache is characterized by infrequent headache episodes, which occur on average less than once a month and meet the other characteristics of tension-type headache.

Frequent episodic tension-type headache: Frequent episodes of headache, typically bilateral in location, with tension-type or crushing pain of mild to moderate intensity and lasting from minutes to days. This pain is not worsened by normal physical activity and is not associated with nausea, but

photophobia or phonophobia may be present.

Frequent episodic tension-type headache is characterized by at least 10 headache episodes occurring on average 1-14 days per month for more than 3 months ( $> \text{ or } = 12$  and  $< 180$  days per year) and meeting the other criteria for tension headache. Chronic tension headache occurs more than 15 days a month for a period longer than three months. Chronic tension-type headache should be diagnosed when episodes of headache occur on more than 15 days a month for more than three months and meet the rest of the criteria for tension-type headache. Headache is understood as the presence of pain located above the existing line between both external eye canthals, to the center of the external auditory canal, pain originating below this line should be called facial pain. Headache is simultaneously a symptom and a syndrome. When defined as pain in the cephalic extremity, reference is made to the symptom. On the contrary, when considered as a syndrome, it would imply its multicausality and the different types involved.

Its pathophysiology is mediated in two ways. The first, which is the normal physiologic response, is generated by activation of nociceptors in response to tissue injury, visceral distention, and other factors. The second, on the other hand, occurs when there is damage or malfunction in the pain pathways related to the central or peripheral nervous system.

Within the structures of the cranial vault involved in the headache process are: the venous sinuses, the anterior and middle meningeal arteries, the dura mater, the trigeminal, glossopharyngeal

and vagus nerves, proximal portions of the internal carotid artery and its branches near of the circle of Willis, the brainstem, the periaqueductal gray matter, and the sensory nuclei of the thalamus. The extracranial structures also related to headache are: the cranial periosteum, the skin, the subcutaneous cellular tissue, the arteries, the muscles of the neck, the second and third cervical nerves (C2 and C3), the eyes, the ears, the teeth, paranasal sinuses, among others. According to the World Health Organization in its study "The Global Burden of Disease 2012" (Global Burden of Disease 2012), tension-type headache and migraine appear as the second and third most frequent diseases in the world, (Murray CJ, 2012) and migraine is clearly the most disabling of the primary headaches taking into account frequency and burden of the disease. (Lipton RB, 2001) Therefore, it is the most common neurological syndrome that is treated at the first level with 3% of adults who consult their family doctor every year for this reason, (Latinovic R, 2006) and it is the disease that neurologists see most in their clinical practice, according to surveys applied in the United States. It has a lifetime prevalence of around 15% in the general population, and affects women (18%) to a greater extent than men (8%). (Steiner TJ, 2013) It has been called the seventh disabling due to its considerable impact on the quality of life of patients. (Steiner TJ, 2013). Headache, being one of the most common reasons for consultation for which people go to emergency services, has a prevalence in adults of 47%. At least a third of the population between the ages of 18 and 65 has suffered from a headache at some time. In children the prevalence is

from 37 to 51% at 7 years and from 57 to 82% between 7 and 15 years, this being higher in men than in women between 3 and 7 years, and after 7 years equal to. After puberty, this ratio varies substantially and is estimated to be 3 women for every man. Studies carried out in Mexico show that the people who suffered the most from headache had a high school level of education, were married and lived in urban areas, which generates a reflection on lifestyles and their possible association with the development of this syndrome. Within headaches, migraine is predominantly female: women, compared to men, have an almost three times higher prevalence of migraine per year (17 vs. 6%) and the lifetime incidence is almost three times higher (43 vs. 18%). Some studies have suggested that between 3 and 14% of people with episodic migraine patterns progress to chronic migraine. This type of headache is part, along with chronic tension headache, of the group known as chronic daily headaches (CCD), conditions that have become important causes of disability and work absences with an average loss of 7.3 hours of paid work and 7.5 hours of unpaid work, which would represent a total loss of one active working day per month.

Headache, in addition to being an important cause of disability, brings with it consequences on a personal level, since the individuals who suffer from it have a continuous fear of the appearance of new episodes, which frequently affects their social and family relationships and their work activities, thus generating a deterioration in their quality of life.

CLINICAL TABLE. Tension-Type Headache (TTC) is characterized by the presence of bilateral pain (in most cases), oppressive,

non-throbbing, which distinguishes it from migraine, in addition to the presence of accompanying symptoms being less frequent. characteristic of migraine, does not increase with physical activity and mild to moderate intensity. Therefore, it could be said that the diagnostic criteria for TTC indicate that the patient does not suffer from migraine. It can occur episodically (<15 days per month or <180 days per year) or chronically (>15 days per month for >3 months or >180 days per year), as well as associated or not with muscle pain pericranial The diagnosis is usually made with the criteria of the International Classification of Headaches. Even so, not all doctors are familiar with the diagnostic criteria.

Underdiagnosis continues to be a major problem in daily practice, resulting in incorrect treatment. Various instruments have been designed to improve the diagnosis of migraine, to identify the psychological alterations it causes, to measure the burden of the disease and disability, and to understand the reduction in quality of life that occurs due to pain attacks. Among these instruments are the ID Migraine , a test with 3 items, which has been validated in primary care as a way to improve the rapid diagnosis of migraine; the MIDAS questionnaire that is used to assess the disability caused by migraine attacks and the HIT 6, which is a tool that allows us to measure the impact that headaches have on the quality of life of patients and the severity of the pain.

Despite having all these instruments, the proper selection and interpretation of them is crucial so that faster, more accurate diagnoses can be made and that allow us to start treatment for patients who are affected by this disease

, so that in this way we can give them adequate management and they can return to their daily lives without being affected in it.

It is vitally important to establish guidelines regarding the treatment of tension-type headache and migraine because there is great variability in clinical practice regarding the management of these two entities; it causes individuals who suffer from them to have a continuous fear of the appearance of new episodes and, by failing to restore health, they are limited in returning to their daily activities, with the respective repercussions on their social, work and family environment , causing a deterioration in their quality of life.

#### **PROBLEM STATEMENT.**

What is the clinical approach, or the cabinet studies for the diagnosis of tension-type headache in the Hospital Militar Regional de Especialidades de Guadalajara, Jalisco?

#### **JUSTIFICATION.**

The most common consultations in the Neurology service are tension headache and migraine, which can cause substantial levels of disability, not only to patients and their families but to society as a whole, due to their high prevalence in the population. general population. About half of patients with acute headache have tension headache and 10% have migraine. A migraine attack is a spectacularly complex brain event that can produce a wide variety of neurological and systemic symptoms. Although pain is its most prominent feature, migraine can include a

multiplicity of symptoms that occur before, during, and after the pain. This makes headaches a daily challenge for clinicians; For this reason, knowledge of its clinical presentation, warning signs and diagnostic methods is of vital importance, in order to achieve a clinical approach with a view to timely diagnosis and management, so as not to suffer from episodes of headache or disability.

The purpose of this research is to establish a national benchmark to guide clinical decision-making based on recommendations based on the best available evidence.

This guide makes recommendations based on the best available evidence available to staff at the first and second level of care with the intention of standardizing national actions regarding:

- Unify diagnostic criteria for Tension Headache and Migraine in the first and second level of care.
- Use diagnostic tools for tension headache and migraine in the first and second level of care.
- Offer prophylactic treatment to adult patients with tension-type headache and migraine at the first and second level of care.
- Implement adequate treatment, using available resources, for patients with tension-type headache and migraine at the first and second level of care. The foregoing will favor improvement in the effectiveness, safety and quality of medical care, thus contributing to the well-being of individuals and communities, which is the central objective and reason for being of health services.

#### **GENERAL OBJECTIVE:**

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To define the diagnostic method of tension headache by the doctors of the Regional Military Hospital of Guadalajara, Jalisco.

#### **METHOD.**

**UNIVERSE OF THE STUDY:** Made up of military and civilian doctors from the Regional Military Specialty Hospital in Guadalajara, Jalisco.

**WORK AREA:** Regional Military Hospital of Medical Specialties in Guadalajara, Jalisco.

**TYPE OF STUDY:** Descriptive survey.

**TIME PERIOD OF THE STUDY:** April and May 2019.

#### **SELECTION CRITERIA:**

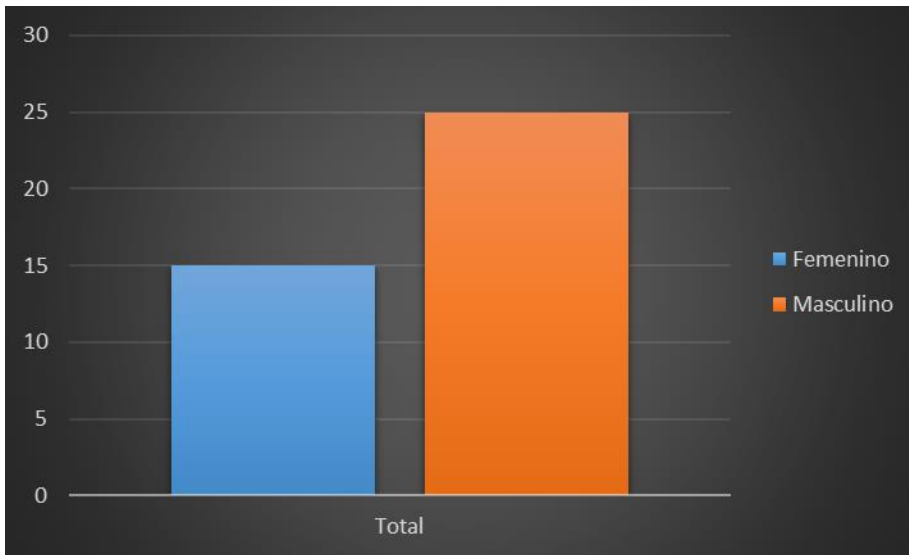
- Medical staff of the Regional Military Hospital .
- Contact with patients in outpatient clinic, emergency room or hospitalization .
- Provide consent to participate in the survey .

#### **ELIMINATION CRITERIA:**

- Doctors from the radiology and imaging area .
- Physicians who have no contact with patients in outpatient consultation, emergency room or hospitalization .

#### **RESULTS.**

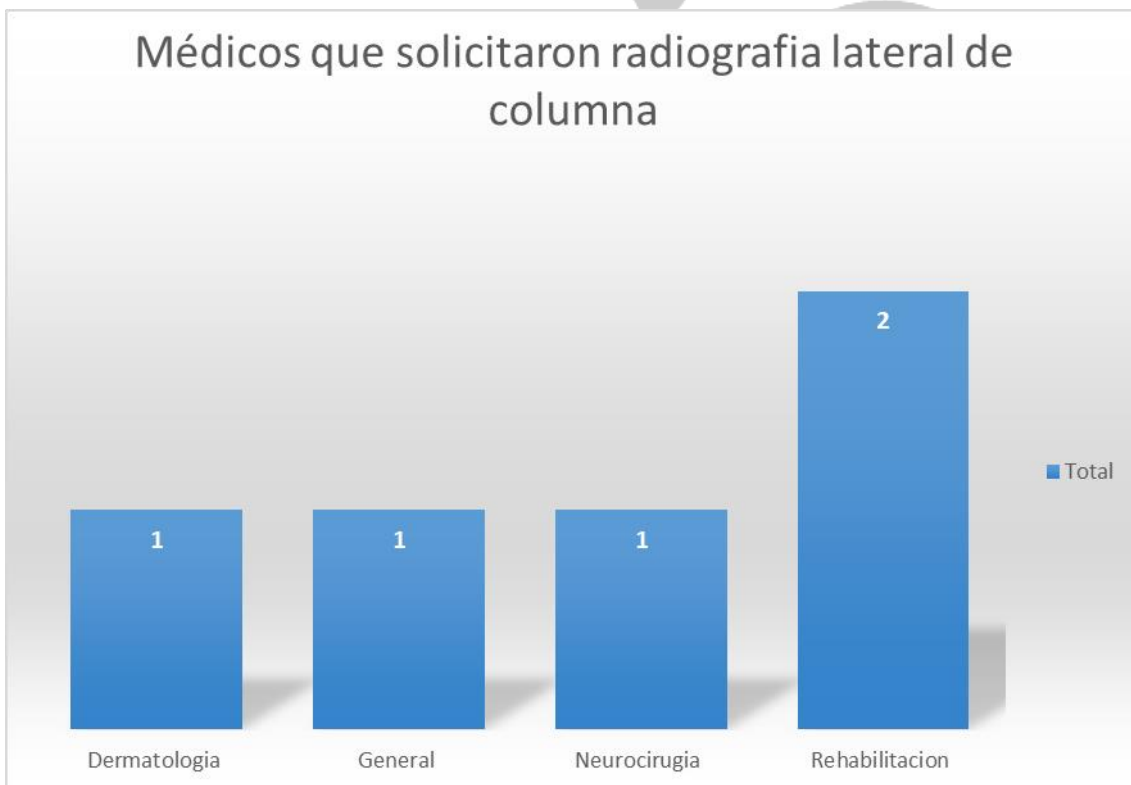
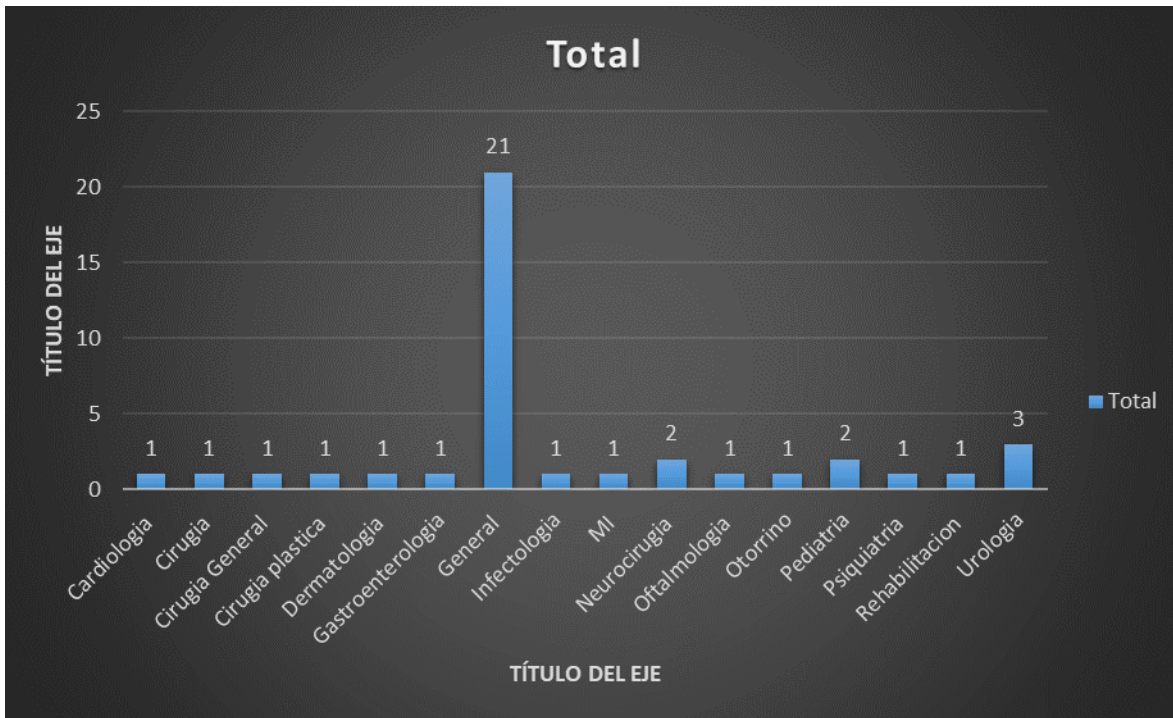
**TOTAL NUMBER OF PHYSICIANS SURVEYED (MEN AND WOMEN):**



TOTAL OF SPECIALTIES THAT PARTICIPATED IN THE SURVEY, NOT INCLUDING GENERAL PHYSICIANS:



TOTAL OF SPECIALTIES PARTICIPATING IN THE SURVEY WITH GENERAL PHYSICIANS:







## CONCLUSIONS.

The approach to tension-type headache is eminently clinical, but cabinet studies will always be very important, focused mainly on skull tomography, and even more so on lateral radiography of the cervical spine, so neglected, but so useful and demonstrative of lesions. that cause headaches, which should be addressed at the end of the day as a spinal problem.

## BIBLIOGRAPHY.

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